

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 1.5em;">9</span>
<b>3</b> COMMITTEE NAME <span style="font-size: 1.2em;">Arlington Firefighters Civil Service</span>		<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 2px; margin: 2px;">           Date Received  <div style="text-align: right; font-size: 0.8em;">             RECEIVED              17 APR 27 PM 4:36           </div> </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">             Date Hand-delivered or Date Postmarked           </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">             Receipt #      Amount \$ <span style="font-size: 0.8em;">CS0</span> </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">             Date Processed           </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">             Date Imaged           </div> </div>	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.2em;">208 S. Fielder Rd. Arlington, Tx. 76013</span>		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST    MI <span style="font-size: 1.2em;">Kenneth R. Fulton</span> NICKNAME    LAST    SUFFIX		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.2em;">208 S. Fielder Rd. Arlington, TX. 76013</span>		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.2em;">208 S. Fielder Rd. Arlington, TX. 76013</span>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <span style="font-size: 1.2em;">(214) 507-8110</span>		
<b>9</b> REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15  <input type="checkbox"/> July 15         </div> <div> <input type="checkbox"/> 30th day before election  <input checked="" type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff         </div> <div> <input type="checkbox"/> Exceeded \$500 limit  <input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination         </div> </div>		
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month    Day    Year  <span style="font-size: 1.2em;">03 / 28 / 2017</span> </div> <div>THROUGH</div> <div>           Month    Day    Year  <span style="font-size: 1.2em;">04 / 26 / 2017</span> </div> </div>		
<b>11</b> ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month    Day    Year  <span style="font-size: 1.2em;">05 / 06 / 2017</span> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff  <input type="checkbox"/> General    <input type="checkbox"/> Special         </div> <div> <input checked="" type="checkbox"/> Other Description  <span style="font-size: 1.2em;">City Election</span> </div> </div>		

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <i>Arlington Firefighters Civil Service</i>		13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <i>05/06/2017</i>	
		DESCRIPTION <i>Proposition #2 Firefighter Civil Service</i>	

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5,000.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>54,645.78</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>406.42</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

## 16 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kenneth R. Fulton*

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said *Kenneth Fulton*, this the *27<sup>th</sup>* day of *April*, 20 *17*, to certify which, witness my hand and seal of office.

*Jillian Cloud*

Signature of officer administering oath

*Jillian Cloud*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath



# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Arlington Firefighters Civil Service</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,000.00</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>54,645.78</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Arlington Firefighters Civil Service</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/24/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arlington Professional Firefighter PAC</u>	7 Amount of contribution (\$) <u>\$5,000.00</u>
6 Contributor address; City; State; Zip Code <u>208 S. Fielder Arlington, TX 76013</u>		
8 Principal occupation / Job title (See Instructions) <u>N/A</u>		9 Employer (See Instructions) <u>N/A</u>

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

  

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Arlington Fire Fighters Civil Service</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/3/17</b>	5 Payee name <b>Murphy Nasica</b>	
6 Amount (\$) <b>\$294.61</b>	7 Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX 78701</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <b>4/4/17</b>	Payee name <b>Murphy Nasica</b>	
Amount (\$) <b>\$1500.00</b>	Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <b>4/7/17</b>	Payee name <b>Murphy Nasica</b>	
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>Arlington Fire Fighters Civil Service</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/7/17</b>		5 Payee name <b>Murphy Nasica</b>			
6 Amount (\$) <b>\$1626.83</b>		7 Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX 78701</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/7/17</b>		Payee name <b>Murphy Nasica</b>			
Amount (\$) <b>\$2500.00</b>		Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/7/17</b>		Payee name <b>Murphy Nasica</b>			
Amount (\$) <b>\$3892.61</b>		Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>Arlington Fire Fighters Civil Service</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/7/17</b>		5 Payee name <b>Murphy Nasica</b>			
6 Amount (\$) <b>\$12,174.85</b>		7 Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX 78701</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/7/17</b>		Payee name <b>Murphy Nasica</b>			
Amount (\$) <b>\$15,205.44</b>		Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/17/17</b>		Payee name <b>Murphy Nasica</b>			
Amount (\$) <b>\$487.35</b>		Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Arlington Fire Fighters Civil Service</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/17</b>	5 Payee name <b>Murphy Nasica</b>	
6 Amount (\$) <b>\$11,525.35</b>	7 Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX 78701</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/24/17</b>	Payee name <b>Murphy Nasica</b>		
Amount (\$) <b>\$396.91</b>	Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/26/17</b>	Payee name <b>Murphy Nasica</b>		
Amount (\$) <b>\$4541.83</b>	Payee address; City; State; Zip Code <b>815-A Brazos ST. Austin, TX. 78701</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
5	Arlington Firefighters Civil Service	
<b>4</b> Date	<b>5</b> Payee name	
4/26/17	Murphy Nasica	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
\$11,525.35	815-A BRAZOS ST. Austin, TX 78701	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	consulting Expense	
<b>(b)</b> Description		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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